

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91565 015 ***150.00

DOCUMENT # *P98000018234*

1. Entity Name

QUALITY READER'S SERVICE, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

50 S. Belcher Rd.

Suite, Apt. #, etc.

Suite 109

City & State

Clearwater, FL

Zip

33765

Country

USA

3. Mailing Address

16120 U.S. 19 North

Suite, Apt. #, etc.

Legal Dept. Suite 246

City & State

Clearwater, FL

Zip

33764

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3494223

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

William H. Hood, III

Street Address (P.O. Box Number is Not Acceptable)

50 S. Belcher Rd.

Suite 109

City

Clearwater

FL

Zip Code

33765

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*D
Hood, William H, III
50 S. Belcher Rd, Suite 109
Clearwater, FL 33765*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*D
Queen, Harold
50 S. Belcher Rd, Suite 109
Clearwater, FL 33765*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

William H. Hood, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02 *(727) 535-0205*
Date Daytime Phone #

CR2E034B (12/01)